

REQUEST FOR SMCI COURSE

NAME OF ATTENDEE (Last, first MI)		SSN	SEX M <input type="checkbox"/> F <input type="checkbox"/>	FULL RANK (spelled out)	
BRANCH OF SERVICE Navy <input type="checkbox"/> Army <input type="checkbox"/> Air Force <input type="checkbox"/> USMC <input type="checkbox"/> MTMC <input type="checkbox"/>	UNIT NAME	PSC#	BOX#	APO/FPO	COUNTRY STATIONED
TELEPHONE NUMBERS					
DSN	COMMERCIAL (+country code)	FAX		EMAIL ADDRESS	
BILLETING INFORMATION					
DATE OF SMCI CLASS		DATE OF ARRIVAL		DEPARTURE	
PERSON REQUESTING CLASS					
NAME	RANK	DUTY POSITION		UNIT	
REMARKS					

Second person

NAME OF ATTENDEE (Last, first MI)		SSN	SEX M <input type="checkbox"/> F <input type="checkbox"/>	FULL RANK (spelled out)	
BRANCH OF SERVICE Navy <input type="checkbox"/> Army <input type="checkbox"/> Air Force <input type="checkbox"/> USMC <input type="checkbox"/> MTMC <input type="checkbox"/>	UNIT NAME	PSC#	BOX#	APO/FPO	COUNTRY STATIONED
TELEPHONE NUMBERS					
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DATE OF SMCI CLASS		DATE OF ARRIVAL		DEPARTURE	
REMARKS					